

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-028718

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District

1003

Registrar's No.

7283

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. FILED AUG 6 1962		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY St. Louis		a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		c. CITY OR TOWN Troy	
Length of stay in 1b		Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c. FULL NAME OF (If NOT in hospital, give location) St. Luke's Hospital		d. STREET ADDRESS (If outside, give location) 1135 So. Main	
Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Reside on Farm <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First Herbert Middle Emery Last Harmon		Month July Day 22 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/14/1913
9. AGE (last birthday) 48		IF UNDER 1 YEAR IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer		10b. KIND OF BUSINESS OR INDUSTRY Minneapolis Barge Lines	
11. BIRTHPLACE (City and state or country) Moscow Mills, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME John Harmon		13b. MOTHER'S MAIDEN NAME Jesse Irwin	
14. NAME OF HUSBAND OR WIFE Unknown		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW II	
16. SOCIAL SECURITY NO. WW II		17. INFORMANT Address Lillian Cannon, Troy, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Subdural hemorrhage as a result of a fracture involving the right anterior fossa at the base extending superiorly and posteriorly from the frontal region to the parietal region; suffered when a car operated by deceased struck barricade and roadway machinery in city of Wentzville, Mo. About 11:00 p.m. July 19th 1962. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (e.g., pre-existing disease conditions) Accident		INTERVAL BETWEEN ONSET AND DEATH	
19. WAS AUTOPSY PERFORMED? NO		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) See above		20c. TIME OF INJURY Hour 11:00 a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/> Month, Day, Year 7-19-62	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 6 S	
20f. CITY, TOWN, OR LOCATION Wentzville, Missouri		COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree of civil) Paul J. Simon	
22b. ADDRESS 1300 Clark		22c. DATE SIGNED 7/24/62	
23a. BURIAL, CREMATION, REMOVAL (Specify). Removal		23b. DATE 7-24-62	
23c. NAME OF CEMETERY OR CREMATORY Troy Cemetery		23d. LOCATION (City, town, or county) Troy, Mo.	
24. FUNERAL DIRECTOR ADDRESS McCoy Funeral Home, Troy, Mo.		25. DATE RECD. BY LOCAL REG. JUL 24 1962	
26. REGISTRAR'S SIGNATURE Coal Smith, M.D.			

AUG 14 1962

AUG 21 1962

AUG 8 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.